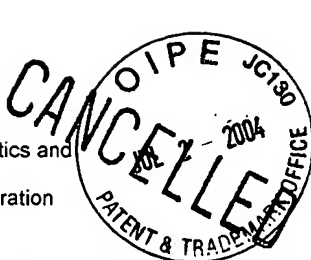




National
Aeronautics and
Space
Administration



Patent Application

KSC-12386
(NASA Case No.)

Declaration, Power of Attorney and Petition - Original Application

As a below named inventor, I hereby declare that: My residence, mailing address and citizenship, are stated below next to my name, I be I am the original, first and sole inventor (*if only one name is listed below*) or an original, first and joint inventor (*if plural names are listed below*) of the subject matter which is claimed and for which a patent is sought on the invention entitled

WIRELESS INSTRUMENTATION SYSTEM AND POWER MANAGEMENT SCHEME THEREFORE

the specification of which ☐ is attached hereto, ☒ was filed on (Date) 12/09/2003

as Application Serial No. 10/748,915 and was amended (Date) _____

I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose to the Patent and Trademark Office all information which is known to me to be material to patentability as defined in 37 CFR §1.56.

I hereby claim the benefit under 35 U.S.C. §120 of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of 35 U.S.C. §112, I acknowledge the duty to disclose to the Patent and Trademark Office all information known to me to be material to patentability as defined in 37 CFR §1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application:

_____, the status of which is ☐ patented, ☐ pending, ☐ abandoned.
(Serial No.) (Filing Date)

I hereby claim priority benefits under Title 35, United States Code §119(e) of any United States Provisional Applications listed below:

_____, the status of which is pending.
(Provisional Serial No.) (Filing Date)

POWER OF ATTORNEY: I hereby appoint the following attorney(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith:

☒ Registered practitioner(s) at Customer Number 25190, OR

☐ Registered practitioner(s) listed below:

_____ (Name)	_____ (Reg. No.)	_____ (Name)	_____ (Reg. No.)
_____ (Name)	_____ (Reg. No.)	_____ (Name)	_____ (Reg. No.)
_____ (Name)	_____ (Reg. No.)	_____ (Name)	_____ (Reg. No.)

ADDRESS ALL CORRESPONDENCE TO:

☒ Customer Number 25190, OR

☐ Correspondence Address listed below:

Name: _____
Address: _____

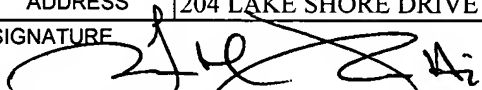
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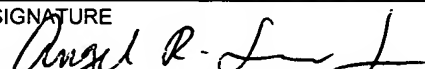
Telephone (Complete number to be dialed from USPTO):
321-867-7214

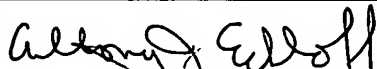
Further, as a named inventor, I certify that the Government of the United States of America, as represented by the Administrator of the National Aeronautics and Space Administration has ☒ an assignment in, or ☐ license to the invention set forth in this application and has the irrevocable right to prosecute this application and to receive the patent.

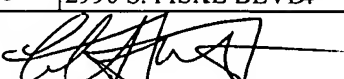
Wherefore, I pray that Letters Patent be granted to me for this invention or discovery described and claimed in the foregoing specification and claims, and I hereby subscribe my name to the foregoing specification, claims, power of attorney and this petition.

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. §1001; and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

FULL NAME OF INVENTOR	LAST PEROTTI	FIRST JOSE	MIDDLE OR INITIAL
RESIDENCE AND CITIZENSHIP	CITY MERRITT ISLAND	STATE OR FOREIGN COUNTRY FLORIDA	COUNTRY OF CITIZENSHIP USA
MAILING ADDRESS	STREET NO. AND NAME 204 LAKE SHORE DRIVE	CITY AND STATE (OR COUNTRY) MERRITT ISLAND, FL	ZIP CODE 32953
SIGNATURE 			DATE 06/22/04

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SIGNATURE 			DATE 6/22/04

FULL NAME OF INVENTOR	LAST ECKHOFF	FIRST ANTHONY	MIDDLE OR INITIAL
RESIDENCE AND CITIZENSHIP	CITY COCOA	STATE OR FOREIGN COUNTRY FLORIDA	COUNTRY OF CITIZENSHIP USA
MAILING ADDRESS	STREET NO. AND NAME 5110 CARTER STREET	CITY AND STATE (OR COUNTRY) COCOA, FLORIDA	ZIP CODE 32927
SIGNATURE 			DATE

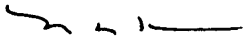
FULL NAME OF INVENTOR	LAST MATA	FIRST CARLOS	MIDDLE OR INITIAL T.
RESIDENCE AND CITIZENSHIP	CITY Titusville ROCKLEDGE	STATE OR FOREIGN COUNTRY FLORIDA	COUNTRY OF CITIZENSHIP USA
MAILING ADDRESS	STREET NO. AND NAME 1224 Goldfinch Ct. 2990 S. FISKE BLVD.	CITY AND STATE (OR COUNTRY) Titusville ROCKLEDGE, FL	ZIP CODE 32955 32780
SIGNATURE 			DATE 6/22/04

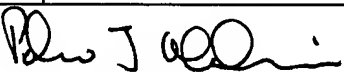
CM
CM

Further, as a named inventor, I certify that the Government of the United States of America, as represented by the Administrator of the National Aeronautics and Space Administration has ☒ an assignment in, or ☐ license to the invention set forth in this application and has the irrevocable right to prosecute this application and to receive the patent.

Wherefore, I pray that Letters Patent be granted to me for this invention or discovery described and claimed in the foregoing specification and claims, and I hereby subscribe my name to the foregoing specification, claims, power of attorney and this petition.

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. §1001; and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

FULL NAME OF INVENTOR	LAST BLALOCK	FIRST NORMAN	MIDDLE OR INITIAL N.
RESIDENCE AND CITIZENSHIP	CITY ROCKLEDGE	STATE OR FOREIGN COUNTRY FLORIDA	COUNTRY OF CITIZENSHIP USA
MAILING ADDRESS	STREET NO. AND NAME 990 S. FISKE BLVD. <i>BLUEGRASS LANE</i>	CITY AND STATE (OR COUNTRY) ROCKLEDGE, FL	ZIP CODE 32955
SIGNATURE 			DATE 6/23/2004

FULL NAME OF INVENTOR	LAST MEDELIUS	FIRST PEDRO	MIDDLE OR INITIAL J.
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MAILING ADDRESS	STREET NO. AND NAME 845 LAKEWOOD CIRCLE	CITY AND STATE (OR COUNTRY) MERRITT ISLAND	ZIP CODE 32952
SIGNATURE 			DATE 7/22/2004

FULL NAME OF INVENTOR	LAST	FIRST	MIDDLE OR INITIAL
RESIDENCE AND CITIZENSHIP	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP USA
MAILING ADDRESS	STREET NO. AND NAME	CITY AND STATE (OR COUNTRY)	ZIP CODE
SIGNATURE			DATE

FULL NAME OF INVENTOR	LAST	FIRST	MIDDLE OR INITIAL
RESIDENCE AND CITIZENSHIP	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP USA
MAILING ADDRESS	STREET NO. AND NAME	CITY AND STATE (OR COUNTRY)	ZIP CODE
SIGNATURE			DATE